

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/555,924  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		1					55						
6		3					56						
7		1					57						
8		3					58						
9		1					59						
10		3					60						
11	+	1					61						
12		3					62						
13		1					63						
14	1						64						
15		1					65						
16		3					66						
17		1					67						
18		3					68						
19		1					69						
20		3					70						
21		1					71						
22		3					72						
23		1					73						
24		3					74						
25		1					75						
26		3					76						
27		1					77						
28		3					78						
29		1					79						
30		3					80						
31		1					81						
32	1						82						
33		1					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	30	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	33						TOTAL CLAIMS						